



EMPLOYMENT INFORMATION

The following questions pertain to your position at the time of your injury

What was the last grade in school you completed? _____

Length of employment at company: _____ years _____ months

Years of experience in this field: _____ years _____ months

What other jobs or training have you held (please indicate length of time in each)?

Are you presently working? Yes No

If yes, is it in your pre-injury position? Yes No

what type (please check): Light Duty Modified Duty Regular Duty

If no, when was your last day of work? _____

Is your job still available? Yes No

What are your plans concerning returning to work?

On a typical day at work, **prior to your injury**, did you have to (please check all applicable areas):

Activity	Never	Occasional (up to 2½ hrs.)	Frequent (2½-5 hrs.)	Constant (over 5 hrs.)	Specifics
Sit					Most at one time:
Stand					Most at one time:
Walk					Most at one time:
Squat/Crouch					
Bend/Stoop					
Climb Stairs/Ladders					Carrying anything?
Reach					
Crawl					
Kneel					Most at one time:
Awkward postures					
Balance					

On a typical day, **prior to your injury**, state in lbs. the maximum weight for the appropriate frequency

Lifting from:	Never	Occasional (1-15x/day)	Frequent (16-200x/day)	Constant (>200x/day)	Specifics
Floor-to-waist		lbs.	lbs.	lbs.	
Knee-to-waist		lbs.	lbs.	lbs.	
Waist-to-shoulder		lbs.	lbs.	lbs.	
Waist-to-overhead		lbs.	lbs.	lbs.	
Push		lbs.	lbs.	lbs.	On wheels/casters?
Pull		lbs.	lbs.	lbs.	On wheels/casters?
Carry		lbs.	lbs.	lbs.	Distance (in feet)?